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| <b>Vidas, Arrett &amp; Steinkraus</b><br><b>Utility Patent Application</b><br><b>Transmittal</b>   | Atty. Docket No   | M55.2-10353  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
|  | First Inventor  | Mathew McPherson   |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
|  | Title:  | BOW STRING VIBRATION SUPPRESSOR  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
|  | Express Mail Label No.  | EV016725373US  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| <b>Application Elements</b>  | <b>Address To:</b>  | Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231 |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| <table><tr><td>1. <input type="checkbox"/></td><td>Fee Transmittal Form</td><td>Pages</td></tr><tr><td></td><td><input type="checkbox"/> Check Included</td><td></td></tr><tr><td>2. <input type="checkbox"/></td><td>Applicant claims small entity status</td><td></td></tr><tr><td>3. <input checked="" type="checkbox"/></td><td>Specification (including 0pg cover sheet, 5pg description, 3pg claims and 1pg abstract)</td><td>Pages 9</td></tr><tr><td>4. <input checked="" type="checkbox"/></td><td>Drawings</td><td>Pages 3</td></tr><tr><td>5. <input type="checkbox"/></td><td>Oath or Declaration</td><td>Pages</td></tr><tr><td></td><td>a. <input type="checkbox"/> Newly executed (original or copy)</td><td></td></tr><tr><td></td><td>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 19 completed)</td><td></td></tr><tr><td></td><td>i. <input type="checkbox"/> Deletion of Inventor(s) – signed statement attached deleting inventors named in the prior application</td><td>Pages</td></tr><tr><td>6. <input checked="" type="checkbox"/></td><td>Application Data Sheet</td><td>Pages 1</td></tr><tr><td>7. <input type="checkbox"/></td><td>Assignment Papers (cover sheet &amp; documents and check)</td><td>Pages</td></tr><tr><td></td><td><input type="checkbox"/> Previously recorded on , Reel , Frames</td><td></td></tr><tr><td>8. <input type="checkbox"/></td><td>Power of Attorney</td><td>Pages</td></tr><tr><td></td><td><input type="checkbox"/> 37 C.F.R. 3.73(b) Statement (when there is an assignee)</td><td>Pages</td></tr><tr><td>9. <input type="checkbox"/></td><td>English Translation Document</td><td>Pages</td></tr><tr><td>10. <input type="checkbox"/></td><td>Information Disclosure Statement</td><td>Pages</td></tr><tr><td></td><td><input type="checkbox"/> Copies of Citations ( references)</td><td></td></tr><tr><td>11. <input type="checkbox"/></td><td>Preliminary Amendment</td><td>Pages</td></tr><tr><td>12. <input checked="" type="checkbox"/></td><td>Return Receipt Postcard</td><td>Pages 1</td></tr><tr><td>13. <input type="checkbox"/></td><td>Certified Copy of Priority Document</td><td>Pages</td></tr><tr><td>14. <input type="checkbox"/></td><td>Nonpublication Request</td><td>Pages</td></tr><tr><td>15. <input checked="" type="checkbox"/></td><td>Constructive Petition</td><td>Pages 1</td></tr><tr><td>16. <input type="checkbox"/></td><td>Limited Authorization</td><td>Pages</td></tr><tr><td>17. <input checked="" type="checkbox"/></td><td>VAS Utility Patent Application Transmittal</td><td>Pages 1</td></tr><tr><td>18. <input type="checkbox"/></td><td>Other</td><td>Pages</td></tr></table> |   |  | 1. <input type="checkbox"/> | Fee Transmittal Form | Pages |  | <input type="checkbox"/> Check Included |  | 2. <input type="checkbox"/> | Applicant claims small entity status |  | 3. <input checked="" type="checkbox"/> | Specification (including 0pg cover sheet, 5pg description, 3pg claims and 1pg abstract) | Pages 9 | 4. <input checked="" type="checkbox"/> | Drawings | Pages 3 | 5. <input type="checkbox"/> | Oath or Declaration | Pages |  | a. <input type="checkbox"/> Newly executed (original or copy) |  |  | b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 19 completed) |  |  | i. <input type="checkbox"/> Deletion of Inventor(s) – signed statement attached deleting inventors named in the prior application | Pages | 6. <input checked="" type="checkbox"/> | Application Data Sheet | Pages 1 | 7. <input type="checkbox"/> | Assignment Papers (cover sheet & documents and check) | Pages |  | <input type="checkbox"/> Previously recorded on , Reel , Frames |  | 8. <input type="checkbox"/> | Power of Attorney | Pages |  | <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement (when there is an assignee) | Pages | 9. <input type="checkbox"/> | English Translation Document | Pages | 10. <input type="checkbox"/> | Information Disclosure Statement | Pages |  | <input type="checkbox"/> Copies of Citations ( references) |  | 11. <input type="checkbox"/> | Preliminary Amendment | Pages | 12. <input checked="" type="checkbox"/> | Return Receipt Postcard | Pages 1 | 13. <input type="checkbox"/> | Certified Copy of Priority Document | Pages | 14. <input type="checkbox"/> | Nonpublication Request | Pages | 15. <input checked="" type="checkbox"/> | Constructive Petition | Pages 1 | 16. <input type="checkbox"/> | Limited Authorization | Pages | 17. <input checked="" type="checkbox"/> | VAS Utility Patent Application Transmittal | Pages 1 | 18. <input type="checkbox"/> | Other | Pages |
| 1. <input type="checkbox"/>  | Fee Transmittal Form  | Pages  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
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| 3. <input checked="" type="checkbox"/>   | Specification (including 0pg cover sheet, 5pg description, 3pg claims and 1pg abstract)   | Pages 9  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 4. <input checked="" type="checkbox"/>   | Drawings  | Pages 3  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 5. <input type="checkbox"/>  | Oath or Declaration   | Pages  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
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| 7. <input type="checkbox"/>  | Assignment Papers (cover sheet & documents and check)   | Pages  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
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| 8. <input type="checkbox"/>  | Power of Attorney   | Pages  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
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| 9. <input type="checkbox"/>  | English Translation Document  | Pages  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 10. <input type="checkbox"/>   | Information Disclosure Statement  | Pages  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
|  | <input type="checkbox"/> Copies of Citations ( references)  |  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 11. <input type="checkbox"/>   | Preliminary Amendment   | Pages  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 12. <input checked="" type="checkbox"/>  | Return Receipt Postcard   | Pages 1  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 13. <input type="checkbox"/>   | Certified Copy of Priority Document   | Pages  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 14. <input type="checkbox"/>   | Nonpublication Request  | Pages  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 15. <input checked="" type="checkbox"/>  | Constructive Petition   | Pages 1  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 16. <input type="checkbox"/>   | Limited Authorization   | Pages  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 17. <input checked="" type="checkbox"/>  | VAS Utility Patent Application Transmittal  | Pages 1  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 18. <input type="checkbox"/>   | Other   | Pages  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 19. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet  |   |  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part Of prior application no.   |   |  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| Prior Application Information: Examiner Group Art Unit   |   |  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.   |   |  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 20. TOTAL NUMBER OF PAGES 16   |   |  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 21. CORRESPONDENCE ADDRESS   |   |  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
|   |   |  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| 00490  |   |  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| PATENT TRADEMARK OFFICE  |   |  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| INSERT CUSTOMER NUMBER LABEL ABOVE   |   |  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| Name   | Richard Arrett, Reg. No. 33,153   |  |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |
| Signature  |    | Date 1/23/2002   |                             |                      |       |  |   |  |                             |                                      |  |  |   |         |  |          |         |                             |                     |       |  |   |  |  |   |  |  |   |       |  |                        |         |                             |   |       |  |   |  |                             |                   |       |  |  |       |                             |                              |       |                              |                                  |       |  |  |  |                              |                       |       |   |                         |         |                              |                                     |       |                              |                        |       |   |                       |         |                              |                       |       |   |  |         |                              |       |       |

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